

# YOUTH GROUP HOMES

**Parent Company:** KAIROS YOUTH SERVICES INCORPORATED **Phone:** (406) 727-0076  
**Director Name:** JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**  
**Facility Name:** EVERGREEN YOUTH HOME & SHELTER CARE **Facility Phone Number:** (406) 727-6900  
**First Name:** BRENDA **Last Name:** DOTSETH **Title:** PROGRAM MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 3001 4TH AVE S GREAT FALLS MT 59405-3329 **Region:** CASCADE  
**Facility Type:** YOUTH GROUP HOME AND YOUTH SHELTER CARE **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 10 TO 18 **Gender:** FEMALE  
**Facility License Number:** 6142-004 **Expires:** 08/31/2007 **Licensing Specialist:** JAN SCHINDELE

**Parent Company:** KAIROS YOUTH SERVICES INCORPORATED **Phone:** (406) 727-0076  
**Director Name:** JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**  
**Facility Name:** KAIROS YOUTH SERVICES SHELTER CARE **Facility Phone Number:** (406) 452-7672  
**First Name:** STACIE **Last Name:** CHAMBERS **Title:** PROGRAM MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 1201 7TH AVE NW GREAT FALLS MT 59404-2229 **Region:** CASCADE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 10 TO 18 **Gender:** MALE AND FEMALE  
**Facility License Number:** 6142-002 **Expires:** 08/31/2006 **Licensing Specialist:** JAN SCHINDELE

**Parent Company:** KAIROS YOUTH SERVICES INCORPORATED **Phone:** (406) 727-0076  
**Director Name:** JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**  
**Facility Name:** MISSOURI RIVER YOUTH GROUP HOME **Facility Phone Number:** (406) 761-2135  
**First Name:** STACIE **Last Name:** CHAMBERS **Title:** PROGRAM MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 1201 7TH AVE NW GREAT FALLS MT 59405- **Region:** CASCADE  
**Facility Type:** YOUTH GROUP HOME AND YOUTH SHELTER CARE **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 12 TO 18 **Gender:** MALE  
**Facility License Number:** 6142-001 **Expires:** 08/31/2006 **Licensing Specialist:** JAN SCHINDELE

**Parent Company:** LAKE COUNTY YOUTH GUIDANCE HOME **Phone:** (406) 676-2427  
**Director Name:** CHAS CANTLON **Title:** DIRECTOR  
**Parent Address:** 810 ANDREW ST NW RONAN MT 59864 **800 #:** (406) 676-2427  
**Facility Name:** LAKE COUNTY YOUTH GUIDANCE HOME **Facility Phone Number:** (406) 676-5091  
**First Name:** BLAINE **Last Name:** MARSH **Title:** MANAGER  
**Contact:** TAWNIA **Last Name:** MARSH **Title:** MANAGER  
**Address:** 1166 TIMBERLINE ROAD RONAN MT 59864- **Region:** LAKE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 11-18 **Gender:** MALE OR FEMALE  
**Facility License Number:** 7697-001 **Expires:** 08/31/2007 **Licensing Specialist:** MARTI CRAGO

**Parent Company:** LIGHTHOUSE CHRISTIAN HOME & SERVICES **Phone:** (406) 656-8649  
**Director Name:** JOHN BACH **Title:** DIRECTOR  
**Parent Address:** 2110 GEORGE STREET BILLINGS MT 59102-6313 **800 #:**  
**Facility Name:** BACH GROUP HOME **Facility Phone Number:** (406) 656-8649  
**First Name:** JOHN **Last Name:** BACH **Title:** FACILITY DIRECTOR  
**Contact:** JODI **Last Name:** VIETMEIER **Title:** MANAGER  
**Address:** 2110 GEORGE STREET BILLINGS MT 59102-6313 **Region:** YELLOWSTONE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** (6-16) **Gender:** MALE & FEMALE  
**Facility License Number:** 7516-001 **Expires:** 06/30/2007 **Licensing Specialist:** LARRY SHENEMAN

**Parent Company:** MONTANA YOUTH HOMES **Phone:** (406) 449-3038  
**Director Name:** BEAU SNELL **Title:** DIRECTOR  
**Parent Address:** 198 W LYNDAL AVE PO BOX HELENA MT 59624-0153 **800 #:**  
**Facility Name:** JAN SHAW **Facility Phone Number:**  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 198 W LYNDAL HELENA MT 59601-2822 **Region:** LEWIS & CLARK  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 12 TO 18 **Gender:** MALE & FEMALE  
**Facility License Number:** 6819-001 **Expires:** 07/31/2007 **Licensing Specialist:** BRIDGET PARKER

**Parent Company:** OPEN GATE RANCH **Phone:** (406) 827-4805  
**Director Name:** CRAIG BARRUS **Title:** DIRECTOR  
**Parent Address:** PO BOX 1413 TROUT CREEK MT 59874-1413 **800 #:**  
**Facility Name:** OPEN GATE RANCH **Facility Phone Number:**  
**First Name:** **Last Name:** **Title:**  
**Contact:** REBECCA **Last Name:** BARRUS **Title:** CONTACT  
**Address:** 21 ALGER RD TROUT CREEK MT 59874-1413 **Region:** SANDERS  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 10 TO 18 **Gender:** males  
**Facility License Number:** 7574-001 **Expires:** 07/31/2007 **Licensing Specialist:** MARTI CRAGO

**Parent Company:** ST LABRE INDIAN SCHOOL **Phone:** (406) 784-4521  
**Director Name:** VICKI DETAVENIER **Title:** DIRECTOR  
**Parent Address:** PO BOX 458 ASHLAND MT 59003 **800 #:**  
**Facility Name:** EAGLES NEST **Facility Phone Number:** (406) 784-4521  
**First Name:** VICKI **Last Name:** DETAVENIER **Title:** DIRECTOR  
**Contact:** VICKI **Last Name:** DETAVENIER **Title:** CONTACT  
**Address:** PO BOX 458 ASHLAND MT 59003- **Region:** ROSEBUD  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 6-18 **Gender:** FEMALE  
**Facility License Number:** 22420-001 **Expires:** 06/30/2007 **Licensing Specialist:** JACKI STOECKEL

**Parent Company:** ST LABRE INDIAN SCHOOL **Phone:** (406) 784-4521  
**Director Name:** VICKI DETAVENIER **Title:** DIRECTOR  
**Parent Address:** PO BOX 458 ASHLAND MT 59003 **800 #:**  
**Facility Name:** TALL WHITEMAN GROUP HOME **Facility Phone Number:** (406) 784-4521  
**First Name:** VICKI **Last Name:** DETAVENIER **Title:** DIRECTOR  
**Contact:** VICKI **Last Name:** DETAVENIER **Title:** CONTACT  
**Address:** PO BOX 458 ASHLAND MT 59003- **Region:** ROSEBUD  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 6-18 **Gender:** MALES  
**Facility License Number:** 22420-002 **Expires:** 06/30/2007 **Licensing Specialist:** JACKIE STOECKEL

**Parent Company:** YOUTH CHRISTIAN HOME **Phone:** (406) 323-4444  
**Director Name:** ANTHONY DITONNO **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 16843 HWY 12 WEST ROUNDUP MT 59072 **800 #:**  
**Facility Name:** YOUTH CHRISTIAN HOME **Facility Phone Number:** (406) 323-4444  
**First Name:** ANTHONY **Last Name:** DITONNO **Title:** EXECUTIVE DIRECTOR  
**Contact:** ANTHONY **Last Name:** DITONNO **Title:** CONTACT  
**Address:** 16843 HWY 12 WEST ROUNDUP MT 59072- **Region:** MUSSELSHELL  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 10 **Age Group:** 10-18 **Gender:** MALE & FEMALE  
**Facility License Number:** 0028033-00 **Expires:** 03/31/2007 **Licensing Specialist:** LARRY SHENEMAN

**Parent Company:** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807-7616 **800 #:**  
**Facility Name:** TOM ROY GROUP HOME **Facility Phone Number:** (406) 728-8127  
**First Name:** MELISSA **Last Name:** ARNO **Title:** PROGRAM DIRECTOR  
**Contact:** CRAIG **Last Name:** KRUEGER **Title:** PARENT COMPANY  
**Address:** 2824 W CENTRAL AVE. WEST MISSOULA MT 59804-5120 **Region:** MISSOULA  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 12-18 **Gender:** MALE & FEMALE  
**Facility License Number:** 7001-004 **Expires:** 04/30/2007 **Licensing Specialist:** MARTI CRAGO

**Parent Company:** YOUTH TRANSITION CENTER **Phone:** (406) 452-1792  
**Director Name:** TERI YOUNG **Title:** DIRECTOR  
**Parent Address:** 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405-1603 **800 #:**  
**Facility Name:** BOYS FACILITY TRANSITION HOUSE **Facility Phone Number:** (406) 452-1792  
**First Name:** TERI **Last Name:** YOUNG **Title:** DIRECTOR  
**Contact:** GLEN **Last Name:** CANIPAROLI **Title:** PARENT COMPANY  
**Address:** 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405-1603 **Region:** CASCADE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 12 **Age Group:** 12-18 **Gender:** MALE  
**Facility License Number:** 10391-001 **Expires:** 11/30/2006 **Licensing Specialist:** JAN SCHINDELE

<b>Parent Company:</b>	YOUTH TRANSITION CENTER			<b>Phone:</b>	(406) 452-1792	
<b>Director Name:</b>	TERI	YOUNG		<b>Title:</b>	DIRECTOR	
<b>Parent Address:</b>	4212 3RD AVENUE SOUTH	GREAT FALLS	MT 59405-1603	<b>800 #:</b>		
<b>Facility Name:</b>	GIRLS FACILITY TRANSITION HOUSE			<b>Facility Phone Number:</b>	(406) 452-1792	
<b>First Name:</b>	TERI	<b>Last Name:</b>	YOUNG	<b>Title:</b>	DIRECTOR	
<b>Contact:</b>	GLEN	<b>Last Name:</b>	CANIPAROLI	<b>Title:</b>	CONTACT	
<b>Address:</b>	4212 1/2 3RD AVENUE SOUTH	GREAT FALLS	MT 59405-1603	<b>Region:</b>	CASCADE	
<b>Facility Type:</b>	YOUTH GROUP HOME			<b>Code:</b>	YGH	
	<b>Number of Residents:</b>	5	<b>Age Group:</b>	12-18	<b>Gender:</b>	FEMALE
	<b>Facility License Number:</b>	10391-002	<b>Expires:</b>	11/30/2006	<b>Licensing Specialist:</b>	JAN SCHINDELE